

in a litre of water, given in doses of 60—120 c.c. per day. This will cure the acidosis, restore the blood chlorides to near normal and raise the  $\text{CO}_2$  combining power, but large doses of vitamin D and adequate amounts of dietary calcium must be ensured to replace the expended stores of calcium in the cases of osteomalacia. Once the osteomalacia is cured, the vitamin D dosage should be reduced, provided alkali therapy is preventing further wastage in the urine. Normal growth will be restored in those children whose epiphyses are not yet united.

Though this type of acidosis is rare, it should be borne in mind as a possible diagnosis for the infant who vomits persistently or simply fails to thrive, for the ailing child with recurrent mild urinary infections or for the case which simulates atypical and unresponsive Pink Disease. In all such cases the blood biochemistry and the urine should be examined to exclude hyperchloræmic acidosis.

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## REVIEW

ILLUSTRATIONS OF BANDAGING AND FIRST-AID. By Lois Oakes, S.R.N., D.N. Fourth Edition. Pp. 308. Edinburgh : E. & S. Livingstone Ltd. 8s. 6d.

This should prove a particularly useful book for the student who requires to master the art of bandaging. The instructions are clearly and concisely given, and on the opposite page the illustrations show each step of the application. The lay-out is excellent. The First-Aid Section only covers, unfortunately, Shock, Hæmorrhage, and Fractures. One would have liked further chapters on Principles of First-Aid, Burns, etc. The new chapter on Application of Elastoplast is also exceptionally well illustrated and should be a valuable addition. E. M.